Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if the amended

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Angela First name Lane Middle name Cooper Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	FKA Angela Lane Jones	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0862	

Debtor 1 Angela Lane Cooper

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	2685 Bringantine Drive	If Debtor 2 lives at a different address:
		Lansing, MI 48911 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Ingham	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 3 of 51

Case number (if known)

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	Cha	pter 7							
		☐ Cha	pter 11							
		☐ Cha	pter 12							
		☐ Cha	pter 13							
8.	How you will pay the fee	a o	bout how yo	ou may pay. Typid attorney is subm	entire fee when I file my petition. Please check with the clerk's office in your local court for more details may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money torney is submitting your payment on your behalf, your attorney may pay with a credit card or check with					
					n, sign and attach the Application for Individuals to Pay					
			request the	Fee in Installments (Official Form 103A). that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a equired to, waive your fee, and may do so only if your income is less than 150% of the official po						
						installments). If you choose this option, you must fill out all Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.								
			District		When	Case number				
			District		When	Case number				
			District		When	Case number				
10.	Are any bankruptcy cases pending or being	■ No								
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor			Relationship to you				
			District		When	Case number, if known				
			Debtor			Relationship to you				
			District		When	Case number, if known				
11.	Do you rent your residence?	■ No.	Go to	line 12.						
		☐ Yes.	Has yo	our landlord obtai	ned an eviction judgment against	you?				
				No. Go to line 1	2.					

Debtor 1 Angela Lane Cooper

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 4 of 51

Dec	Angela Lane Coo	per		Case number (if known)				
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole I	Proprietor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.					
		☐ Yes.	Name and locatio	n of business				
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business	s, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, C	City, State & ZIP Code				
	it to this petition.		Check the approp	riate box to describe your business:				
			☐ Health Ca	re Business (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Ass	set Real Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbrok	er (as defined in 11 U.S.C. § 101(53A))				
			☐ Commodit	ty Broker (as defined in 11 U.S.C. § 101(6))				
			☐ None of the last of the	ne above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you indicate that you ins, cash-flow statements.C. 1116(1)(B).	11, the court must know whether you are a small business debtor so that it can set appropriate you are a small business debtor, you must attach your most recent balance sheet, statement of ht, and federal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	No.	I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Code.					
		☐ Yes.	I am filing under C	Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have Any	/ Hazardous Propert	y or Any Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.	•					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?					
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attentioneeded, why is it ne	·····				
			, , , , ,					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the propert	ty?				
	- ,			Number, Street, City, State & Zip Code				

Debtor 1 Angela Lane Cooper

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 6 of 51

Deb	otor 1 Angela Lane Coop	oer		Case num	nber (if known)
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are descended from the consumer debts are descended from the consumer debts are descended from the consumer debts.	efined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are debousestment or through the operation of the b	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	u owe that are not consumer debts or busir	ness debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	Yes.		7. Do you estimate that after any exempt pr available to distribute to unsecured credito	roperty is excluded and administrative expenses rs?
	administrative expenses		■ No		
	are paid that funds will be available for distribution to unsecured creditors?		Yes		
18.	How many Creditors do you estimate that you	1-49		□ 1,000-5,000 □ 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000
	owe?	☐ 50-99 ☐ 100-1		☐ 10,001-25,000	☐ More than100,000
		☐ 200-9			
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		□ \$500,	001 - \$1 million	— \$100,000,001 - \$300 Hillion	inore trail \$50 billion
20.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		□ \$500,	001 - \$1 million	Δ ψ100,000,001 - ψ300 mmon	More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I	declare under penalty of perjury that the inf	ormation provided is true and correct.
				er 7, I am aware that I may proceed, if eligib e relief available under each chapter, and I	ele, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
				id not pay or agree to pay someone who is I the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this
		I request	relief in accordance with th	e chapter of title 11, United States Code, s	pecified in this petition.
		bankrupt and 3571	cy case can result in fines ι	ent, concealing property, or obtaining mone up to \$250,000, or imprisonment for up to 2	y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
			ela Lane Cooper Lane Cooper	Signature of Del	otor 2
			e of Debtor 1	v	
		Executed	on June 11, 2018	Executed on	
			MM / DD / YYYY		MM / DD / YYYY

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 7 of 51

Debtor 1	Angela Lane Cooper	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Scott Marshall Neuman Signature of Attorney for Debtor	Date	June 11, 2018 MM / DD / YYYY
Scott Marshall Neuman P-47863		
Scott Marshall Neuman, P.C.		
2196 Commons Parkway Okemos, MI 48864		
Number, Street, City, State & ZIP Code		
Contact phone <u>517-349-2700</u> P-47863 MI	Email address	xneumanx@aol.com
Bar number & State		

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 8 of 51

United States Bankruptcy Court Western District of Michigan

In re	Angela Lane Cooper		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: June 11, 2018	/s/ Angela Lane Cooper
	Angela Lane Cooper
	Signature of Debtor
Date: June 11, 2018	/s/ Scott Marshall Neuman
	Signature of Attorney
	Scott Marshall Neuman P-47863
	Scott Marshall Neuman, P.C.
	2196 Commons Parkway
	Okemos, MI 48864
	517-349-2700 Fax: 517-349-2716

ADVENTURE CREDIT UNION 630 32ND ST. SE GRAND RAPIDS MI 49548

ADVENTURE CU 630 32ND ST. SE GRAND RAPIDS MI 49548

BEST BUY/CBNA P.O. BOX 6497 SIOUX FALLS SD 57117

CAPITAL 1/BEST BUY 50 NORTHWEST POINT RD. ELK GROVE VILLAGE IL 60007

CAPITAL MANAGEMENT SERVICES 698 1/2 S. OGDEN ST. BUFFALO NY 14206

CAPITAL ONE 15000 CAPITAL ONE DR. RICHMOND VA 23238

CASE CREDIT UNION
4316 S. PENNSYLVANIA AVE.
LANSING MI 48909

CASE CREDIT UNION 4316 S. PENNSYLVANIA AVE. LANSING MI 48909

DELHI CHARTER TOWNSHIP 2074 AURELIUS RD. HOLT MI 48842

DEPT OF EDUCATION/NAVIENT P.O. BOX 9635 WILKES BARRE PA 18773

DSNB MACYS P.O. BOX 8218 MASON OH 45040 L J ROSS ASSOCIATES, INC. P.O. BOX 6099
JACKSON MI 49204

MEYER NJUS TANICK, P.A. ATTORNEYS AT LAW 330 2ND AVENUE SOUTH SUITE 350 MINNEAPOLIS MN 55401

MEYER NJUS TANICK, P.A. ATTORNEYS AT LAW 330 2ND AVENUE SOUTH SUITE 350 MINNEAPOLIS MN 55401

MID-MICHIGAN COLLECTION BUREAU P.O. BOX 130 ST. JOHNS MI 48879

MORTGAGE CENTER LC 20300 CIVIC CENTER DR. SOUTHFIELD MI 48076

NORTHLAND GROUP, INC. P.O. BOX 390905 MINNEAPOLIS MN 55439

NORTHLAND GROUP, INC. P.O. BOX 390905 MINNEAPOLIS MN 55439

PHYSICIAN ANESTHESIA SERVICE DEPT 78178 P.O. BOX 78000 DETROIT MI 48278

RAUSCH STURM
ATTORNEYS AT LAW
30150 TELEGRAPH
SUITE 444
BINGHAM FARMS MI 48025

SEARS/CBNA P.O. BOX 6283 SIOUX FALLS SD 57117 SONJA MORRIS, DDS 1040 CHARLEVOIX DR. SUITE A. GRAND LEDGE MI 48837

SPARROW 7364 SOLUTION CENTER CHICAGO IL 60677

SPARROW HOSPITAL 7364 SOLUTION CENTER CHICAGO IL 60677

SPARROW HOSPITAL P.O. BOX 441575 DETROIT MI 48244

SYNCB/ART VAN FURNITURE 950 FORRER BLVD. KETTERING OH 45420

SYNCB/LOWES P.O. BOX 965005 ORLANDO FL 32896

SYNCB/TJX COS DC P.O. BOX 965005 ORLANDO FL 32896

WALTER L. COOPER, II 2685 BRIGANTINE DR. LANSING MI 48911

WALTER L. COOPER, II 2685 BRIGANTINE DR. LANSING MI 48911

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 12 of 51

	Ousc.10	1-02020-3V	wu	DUC #.1	i ileu. O	0/11/10	rage 1	2 01 31	
Fill in this inform	nation to identify you	r case and this	s filing	j:					
Debtor 1	Angela Lane Co	oper							
Dahtar 0	First Name	Middle N	Name		Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle N	Name		Last Name				
United States Bar	nkruptcy Court for the:	WESTERN D	DISTRI	ICT OF MICH	HIGAN				
Case number _					_				Check if this is amended filing
	rm 106A/B e A/B: Pro r	perty							12/15
hink it fits best. Be information. If more the information in the info	Each Residence, Buildin ave any legal or equitab	ate as possible. n a separate she g, Land, or Othe	e. If two eet to the	married peop nis form. On th Estate You O	le are filing tog he top of any ad wn or Have an	ether, both are dditional pages Interest In	equally resp	onsible for su	pplying correct
	antine Drive if available, or other description	n	What ■ □	Single-family Duplex or mu	ty? Check all that home alti-unit building n or cooperative		the amount	of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ms Secured by Property.
Lansing City	MI 48	911-0000 ZIP Code		Manufactured Land Investment p Timeshare	d or mobile hom	e	Current va entire prop \$17		Current value of the portion you own? \$176,400.0
			Who	Other	st in the proper	ty? Check one	(such as fe		our ownership interest ancy by the entireties,
Ingham				,					
County			□ ■ Other	At least one	Debtor 2 only of the debtors ar	nd another d about this ite	(see ins	structions)	nmunity property
pages you ha	ar value of the portior ave attached for Part Your Vehicles		properation and the state of th	erty identificat	tion number:	including any	entries for		\$176,400.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debte	or 1 <u>A</u>	ngela Lane	Cooper		Case number (if known)	
3 Ca	rs vans	trucks tracte	ors sport utility ve	hicles, motorcycles		
o. O a	13, vaii3,	ii doko, ii dok	ors, sport dumity ve	moles, motorcycles		
	No					
•	Yes					
3.1	Make:	Lincoln		Who has an interest in the property? Check one		I claims or exemptions. Put
	Model:	MKX		■ Debtor 1 only		ured claims on Schedule D: Claims Secured by Property.
	Year:	2013		Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage:	89,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:		☐ At least one of the debtors and another		
				_	¢40,000,00	£40,000,00
				☐ Check if this is community property (see instructions)	\$18,000.00	\$18,000.00
				(See Instructions)		
		Lincoln			Do not deduct secured	I claims or exemptions. Put
3.2	Make:	Lincoln		Who has an interest in the property? Check one	the amount of any sec	ured claims on Schedule D:
	Model:	Navigator		Debtor 1 only	Creditors Who Have C	Claims Secured by Property.
	Year:	2009 nate mileage:	120,000	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		_	120,000	Debtor 1 and Debtor 2 only	entire property:	portion you own:
	Other in	formation:		At least one of the debtors and another		
				☐ Check if this is community property	\$14,000.00	\$14,000.00
				(see instructions)		
				n for all of your entries from Part 2, including		\$22,000,00
.pa	iges you	have attache	d for Part 2. Write	that number here	=>	\$32,000.00
	_					
			nal and Household It			O
ро у	ou own c	or nave any le	gai or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E>	<i>(amples:</i> No	goods and fu Major appliand escribe	urnishings ces, furniture, linens	, china, kitchenware		
			couch (4)			\$800.00
			tables			\$50.00
			stand			\$100.00
			lamps			\$50.00
						+53100
			table and chairs	s, beds, dressers, lamp		\$2,000.00

Official Form 106A/B

Schedule A/B: Property

Debtor 1	Angela Lane Cooper	Case number (if known)
	refrigerator, stove, microwave and dishwasher	\$1,000.00
	small appliances	\$120.00
	pots, pans, dishes and flatware	\$125.00
		\$400.00
	washer	\$100.00
	dayor	\$75.00
	dryer	
	refrigerator	\$150.00
	Terrigerator	
	beds (3)	\$600.00
	5000 (b)	
	dressers (2)	\$500.00
	nightstand	\$50.00
	dressers (2)	\$500.00
		<u> </u>
	bed	\$200.00
	patio furniture	\$150.00
	grill	\$25.00
	lawn equipment	\$200.00
	house tools	\$50.00

	shed	\$600.00
□No	 Inics Ides: Televisions and radios; audio, video, stereo, and digital equipment; compuincluding cell phones, cameras, media players, games Describe 	ters, printers, scanners; music collections; electronic devices
	computer	\$100.00
	computer	
	tv (6)	\$600.00
	_·· (•)	
	xhox	\$100.00

Debt	Angela Lane Cooper Case	number (ir known)
	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art ob other collections, memorabilia, collectibles	ojects; stamp, coin, or baseball card collections
	No No	
	☐ Yes. Describe	
	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf cl musical instruments	ubs, skis; canoes and kayaks; carpentry tools;
	■ No	
	☐ Yes. Describe	
	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	
_	■ No □ Yes. Describe	
11 C	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories \square No	
	Yes. Describe	
	clothes	\$200.
	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry	. watches, gems, gold, silver
	□ No	,
	Yes. Describe	
	assorted jewelry	\$1,000.
□ □	Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe Any other personal and household items you did not already list, including any health aids y No	ou did not list
	☐ Yes. Give specific information	
	Add the dollar value of all of your entries from Part 3, including any entries for pages you he for Part 3. Write that number here	nave attached \$9,445.00
	ior Fart 3. Write that number here	
Part 4	t 4: Describe Your Financial Assets	
Do y	you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when No Yes	you file your petition
	C	ash \$10.
	Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit using the complex control of the	nions, brokerage houses, and other similar
	institutions. If you have multiple accounts with the same institution, list each. \square No	
Officia	cial Form 106A/B Schedule A/B: Property	pag

Official Form 106A/B

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 16 of 51

Del	otor 1	Angela Lan	е Сооре	r	Case number (if known)	
ı	Yes				Institution name:	
			17.1.	savings and checking	Lake Trust CU	\$120.00
			17.2.	savings and checking	Adventure CU	\$10.00
			17.3.	savings and checking	CASE CU	\$50.00
			17.4.		FSA Account	\$100.00
[Examp ■ No □ Yes	oles: Bond funds	s, investme	Institution or issuer na		
ı	joint v ■ No	enture	formation	about themme of entity:	rated and unincorporated businesses, including an interest in an LLC, par % of ownership:	rtnership, and
ı	Negoti Non-ne ■ No	iable instrument	s include prents are	personal checks, cash those you cannot tran	iable and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
_	Examp	ment or pension ples: Interests in	n accoun	ts	3(b), thrift savings accounts, or other pension or profit-sharing plans	
	⊒ No ■ Yes.	List each accou		tely. of account:	Institution name:	
			401K	ζ	Lake Trust CU - Brandalynn Winchester-Middlebr	\$51,612.00
ı	Your s <i>Examp</i> ■ No		ed deposi	ts you have made so t	hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies, or others Institution name or individual:	
23.	Annuit	ies (A contract f	or a perio	dic payment of money	to you, either for life or for a number of years)	
	■ No □ Yes	ls	ssuer nam	ne and description.		
2		ts in an educati C. §§ 530(b)(1),			alified ABLE program, or under a qualified state tuition program.	
[☐ Yes	lr	nstitution i	name and description.	Separately file the records of any interests.11 U.S.C. § 521(c):	
ı	No	, equitable or fu			ner than anything listed in line 1), and rights or powers exercisable for yo	ur benefit

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 17 of 51

De	ebtor 1	Angela Lane Cooper		Case number (if known)				
	 Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No □ Yes. Give specific information about them 							
	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No □ Yes. Give specific information about them							
M	oney or p	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.			
	□ No	unds owed to you Give specific information about the	m, including whether you already filed the returns a	and the tax years				
			2018 projected pro rata tax refund		\$1,500.00			
	■ No □ Yes. (les: Past due or lump sum alimony Give specific information	, spousal support, child support, maintenance, divo	orce settlement, property sett	lement			
	Examp	mounts someone owes you les: Unpaid wages, disability insura benefits; unpaid loans you ma Give specific information	ance payments, disability benefits, sick pay, vacation de to someone else	on pay, workers' compensati	ion, Social Security			
31.		s in insurance policies les: Health, disability, or life insura	nce; health savings account (HSA); credit, homeow	/ner's, or renter's insurance				
	☐ Yes. N	Name the insurance company of ea Company na		ary:	Surrender or refund value:			
	If you a someon	erest in property that is due you are the beneficiary of a living trust, ne has died. Give specific information	from someone who has died expect proceeds from a life insurance policy, or are	currently entitled to receive	property because			
33.			r not you have filed a lawsuit or made a demandes, insurance claims, or rights to sue	l for payment				
	☐ Yes.	Describe each claim						
	■ No	ontingent and unliquidated clair Describe each claim	ns of every nature, including counterclaims of t	he debtor and rights to set	off claims			
35.	_ `	ancial assets you did not alread	y list					
	■ No □ Yes.	Give specific information						

Debtor	1 Angela Lane Cooper		Case number (if known)	
	dd the dollar value of all of your entries from Part 4, including r Part 4. Write that number here			\$53,402.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interes	est In. List any real esta	ate in Part 1.	
37. Do y	ou own or have any legal or equitable interest in any business-relate	d property?		
No.	. Go to Part 6.			
☐ Yes	s. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do <u>y</u>	you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	you have other property of any kind you did not already list? amples: Season tickets, country club membership	•		
■ N	0			
☐ Ye	es. Give specific information			
54. A c	dd the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Pa	art 1: Total real estate, line 2			\$176,400.00
56. Pa	art 2: Total vehicles, line 5	\$32,000.00		
57. Pa	art 3: Total personal and household items, line 15	\$9,445.00		
58. Pa	art 4: Total financial assets, line 36	\$53,402.00		
59. Pa	art 5: Total business-related property, line 45	\$0.00		
60. Pa	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. P a	ert 7: Total other property not listed, line 54 +	\$0.00		
62. To	otal personal property. Add lines 56 through 61	\$94,847.00	Copy personal property total	\$94,847.00
63. To	otal of all property on Schedule A/B. Add line 55 + line 62			\$271,247.00

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 19 of 51

FII	I in this inform	nation to identify your case	:					
De	btor 1	Angela Lane Cooper First Name	Middle Name		ast Name			
De	btor 2	i iist ivaille	Middle Name		astivanie			
(Sp	ouse if, filing)	First Name	Middle Name	L	ast Name			
Un	ited States Bar	kruptcy Court for the: WE	ESTERN DISTRICT OF M	IICHI	GAN			
Ca	se number							
(if k	nown)					☐ Check if this is an amended filing		
Of	fficial For	m 106C						
S	chedule	C: The Prop	erty You Cla	im	as Exempt	4/16		
the nee	property you lis	sted on <i>Schedule A/B: Prope</i> If attach to this page as many	erty (Official Form 106A/B)	as yo	our source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and		
spe any fun exe	ecific dollar am applicable stade ds—may be un emption to a pa	nount as exempt. Alternative atutory limit. Some exempt in ited in dollar amount. I	vely, you may claim the f ions—such as those for However, if you claim an	ull fa heal exen	th aids, rights to receive certain b nption of 100% of fair market valu	ing exempted up to the amount of enefits, and tax-exempt retirement		
Pa	rt 1: Identify	y the Property You Claim a	s Exempt					
1.	Which set of	exemptions are you claimi	ng? Check one only, eve	n if yc	our spouse is filing with you.			
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	You are cla	niming federal exemptions.	11 U.S.C. § 522(b)(2)					
2.		,		empt.	fill in the information below.			
		on of the property and line on	Current value of the	• •	ount of the exemption you claim	Specific laws that allow exemption		
	Schedule A/B t	hat lists this property	portion you own Copy the value from Schedule A/B		eck only one box for each exemption.			
	2685 Brigan 48911 Ingh	ntine Drive Lansing, MI am County	\$176,400.00	•	\$20,905.00	11 U.S.C. § 522(d)(1)		
	_	edule A/B: 1.1			100% of fair market value, up to any applicable statutory limit			
		n MKX 89,000 miles edule A/B: 3.1	\$18,000.00		\$0.00	11 U.S.C. § 522(d)(2)		
					100% of fair market value, up to any applicable statutory limit			
		n Navigator 120,000 mil	es \$14,000.00		\$0.00	11 U.S.C. § 522(d)(5)		
	Line nom Sch	edule A/D. 3.2			100% of fair market value, up to any applicable statutory limit			
	couch (4)	edule A/B: 6.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)		
	LINE HOITI SCII	odais 77 D. V. 1			100% of fair market value, up to any applicable statutory limit			
	tables		\$50.00		\$50.00	11 U.S.C. § 522(d)(3)		

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 6.2

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 20 of 51

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		unt of the exemption you claim	Specific laws that allow exemption
stand Line from Schedule A/B: 6.3	\$100.00	-	\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
lamps Line from Schedule A/B: 6.4	\$50.00	■	\$50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
refrigerator, stove, microwave and dishwasher Line from Schedule A/B: 6.6	\$1,000.00	•	\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
small appliances Line from Schedule A/B: 6.7	\$120.00		\$120.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
pots, pans, dishes and flatware Line from <i>Schedule A/B</i> : 6.8	\$125.00		\$125.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
washer Line from Schedule A/B: 6.9	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
dryer Line from <i>Schedule A/B</i> : 6.10	\$75.00	■	\$75.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
refrigerator Line from <i>Schedule A/B</i> : 6.11	\$150.00	■	\$150.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
beds (3) Line from Schedule A/B: 6.12	\$600.00		\$600.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
dressers (2) Line from Schedule A/B: 6.13	\$500.00	■	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
nightstand Line from <i>Schedule A/B</i> : 6.14	\$50.00	■	\$50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
dressers (2) Line from Schedule A/B: 6.15	\$500.00	■	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 21 of 51

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
bed Line from Schedule A/B: 6.16	\$200.00		\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
patio furniture Line from Schedule A/B: 6.17	\$150.00		\$150.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
grill Line from Schedule A/B: 6.18	\$25.00		\$25.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
lawn equipment Line from Schedule A/B: 6.19	\$200.00		\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
house tools Line from Schedule A/B: 6.20	\$50.00		\$50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
shed Line from Schedule A/B: 6.21	\$600.00		\$600.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
computer Line from Schedule A/B: 7.1	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
tv (6) Line from Schedule A/B: 7.2	\$600.00		\$600.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
xbox Line from Schedule A/B: 7.3	\$100.00	■	\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
clothes Line from Schedule A/B: 11.1	\$200.00		\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
assorted jewelry Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Cash Line from Schedule A/B: 16.1	\$10.00	■ □	\$10.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 22 of 51

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	and a contract of the contract		Specific laws that allow exemption			
		Copy the value from Check only one box for each exemption. Schedule A/B						
	savings and checking: Lake Trust CU Line from Schedule A/B: 17.1	\$120.00		\$120.00	11 U.S.C. § 522(d)(5)			
	Line from Schedule A/B. 17-1			100% of fair market value, up to any applicable statutory limit				
	savings and checking: Adventure CU	\$10.00		\$10.00	11 U.S.C. § 522(d)(5)			
	Line Holli Schedule A.B. 11.2			100% of fair market value, up to any applicable statutory limit				
	savings and checking: CASE CU Line from Schedule A/B: 17.3	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)			
	Line from Schedule A.B. 17.3			100% of fair market value, up to any applicable statutory limit				
	FSA Account Line from Schedule A/B: 17.4	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)			
	Line from Schedule A.B. 17.4			100% of fair market value, up to any applicable statutory limit				
	401K: Lake Trust CU - Brandalynn Winchester-Middlebr	\$51,612.00		\$51,612.00	11 U.S.C. § 522(d)(12)			
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit				
	2018 projected pro rata tax refund Line from Schedule A/B: 28.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(5)			
	Line Horr Schedule A.B. 20.1			100% of fair market value, up to any applicable statutory limit				
3.	 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No 							
	Yes. Did you acquire the property covered No	d by the exemption wi	thin 1	,215 days before you filed this case	?			
	☐ Yes							

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 23 of 51

=:::					
Fill in this informat	tion to identify you	ır case:			
Debtor 1	Angela Lane Co	ooper			
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Bankı	ruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		-	
Case number					
(if known)				☐ Check	if this is an
				amend	ed filing
Official Forms	10CD				
Official Form					
Schedule D	: Creditors	Who Have Claims Secure	d by Propert	у	12/15
		If two married people are filing together, both are e			
number (if known).	uditional Page, fill it i	out, number the entries, and attach it to this form. C	on the top of any addition	nai pages, write your nai	ne and case
1. Do any creditors ha	ve claims secured by	y your property?			
□ No. Check th	is box and submit tl	his form to the court with your other schedules. Y	ou have nothing else t	to report on this form.	
Yes. Fill in al	l of the information	below	-		
	Secured Claims				
•		d Little Bank Brown	Column A	Column B	Column C
		more than one secured claim, list the creditor separatel a particular claim, list the other creditors in Part 2. As	y Amount of claim	Value of collateral	Unsecured
much as possible, list t	the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion
2.1 CASE Credi	t Union	Describe the property that secures the claim:	\$20,459.00	\$18,000.00	If any \$2,459.00
Creditor's Name		2013 Lincoln MKX 89,000 miles			
		·			
4316 S. Pen	nsylvania	As of the date you file, the claim is: Check all that			
Ave.	49000	apply.			
Lansing, MI		☐ Contingent			
Number, Street, Cr	ty, State & Zip Code	Unliquidated			
Who owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Debtor	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this clain	n relates to a	Other (including a right to offset)			
community debt					
	Opened				
	03/16 Last				
But tild and a	Active	Last 4 digits of account number 9803			
Date debt was incurre	ed 12/26/17	Last 4 digits of account number 9803			
2.2 CASE Credi	t Union	Describe the property that secures the claim:	\$18,939.00	\$14,000.00	\$4,939.00
Creditor's Name		2009 Lincoln Navigator 120,000	<u> </u>		<u> </u>
		miles			
4316 S. Pen	nsylvania	As of the date you file, the claim is: Check all that			
Ave.	40000	apply.			
Lansing, MI		Contingent			
Number, Street, Cit	ty, State & Zip Code	Unliquidated			
Who owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	2,1001, 0.10.	☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the	dehtore and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 24 of 51

Debtor 1 Angela La	ane Cooper	r		Case number (if know)		
First Name	Middle N	ame Last Name				
☐ Check if this claim r community debt	relates to a	☐ Other (including a right to offset)				
Date debt was incurred	Opened 11/16 Last Active 1/17/18	Last 4 digits of account number	8005			
2.3 Mortgage Cer	nter LC	Describe the property that secures the c	laim:	\$134,589.00	\$176,400.00	\$0.00
Creditor's Name		2685 Brigantine Drive Lansing, 48911 Ingham County	MI			
20300 Civic C Southfield, M		As of the date you file, the claim is: Check apply. Contingent	c all that			
Number, Street, City, Who owes the debt?	·	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	onedic one.	☐ An agreement you made (such as mortg car loan)	gage or secured	d		
Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechani	ic's lien)			
At least one of the de	btors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt		Other (including a right to offset)				
Date debt was incurred	Opened 09/15 Last Active 1/29/18	Last 4 digits of account number	0915			
		-				
	•	column A on this page. Write that number h	nere:	\$173,987.	00	
If this is the last page Write that number he		the dollar value totals from all pages.		\$173,987.	00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Case.10-	02020-3W	и Duc #	I Hea. 0	0/11/10 Fage 23 0/31	
Fill in t	his informa	tion to identify your	case:				
Debtor	1	Angela Lane Coo	ner				
200101		First Name	Middle Na	ame	Last Name		
Debtor :							
(Spouse if	f, filing)	First Name	Middle Na	ame	Last Name		
United S	States Bank	ruptcy Court for the:	WESTERN	DISTRICT OF M	ICHIGAN		
Case nu	umber						
(if known)				_			Check if this is an
							amended filing
Officia	al Form	106E/E					
		F: Creditors W	ho Havo	Unsecure	d Claime		12/15
						Part 2 for creditors with NONPRIORITY	
Schedule Schedule left. Attac	e G: Executo e D: Creditor ch the Contir	ry Contracts and Unexp s Who Have Claims Sec	ired Leases (Of ured by Propert	ficial Form 106G). ty. If more space i	. Do not include s needed, copy	contracts on Schedule A/B: Property (O any creditors with partially secured cla the Part you need, fill it out, number the do not file that Part. On the top of any a	ims that are listed in entries in the boxes on the
Part 1:	List All	of Your PRIORITY Un	secured Clair	ms			
1. Do a	any creditors	have priority unsecure	d claims agains	st you?			
	No. Go to Par	t 2.					
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims			
3. Do a	any creditors	have nonpriority unsec	cured claims ag	ainst you?			
	No. You have	nothing to report in this pa	art. Submit this f	orm to the court wit	th your other sch	edules.	
	res.						
unse	ecured claim, one creditor	list the creditor separately	y for each claim.	For each claim list	ed, identify what	b holds each claim. If a creditor has more type of claim it is. Do not list claims alread three nonpriority unsecured claims fill out	y included in Part 1. If more
							Total claim
4.1		e Credit Union		Last 4 digits of a	ccount number	8496	\$905.00
	Nonpriority C	Creditor's Name				Opened 03/04 Last Active	
	630 32nd			When was the de	bt incurred?	11/29/17	
-		pids, MI 49548		A			
		et City State ZIp Code ed the debt? Check one.		As of the date you	u file, the claim	is: Check all that apply	
	Debtor 1			П о			
		,		Contingent			
	Debtor 2	-		☐ Unliquidated			
		and Debtor 2 only		Disputed Type of NONPRIO	ORITY unsecure	d claim:	
		one of the debtors and and	Julion	☐ Student loans			
	debt	this claim is for a comr subject to offset?	iluliity			aration agreement or divorce that you did r	not
	■ No	•				ng plans, and other similar debts	
	☐ Yes			Other. Specify	Credit card	purchases	
				-17			

Debtor	1 Angela Lane Cooper		Case number (if kn	now)			
4.2	Adventure CU	Last 4 digits of account number	0080		\$880.00		
	Nonpriority Creditor's Name 630 32nd St. SE Grand Rapids, MI 49548	When was the debt incurred?	Opened 11/04 1/26/18	Last Active			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	y			
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing					
	Yes	Other. Specify Check Cred	dit Or Line Of Cr	edit			
4.3	Best Buy/CBNA Nonpriority Creditor's Name	Last 4 digits of account number	8489		\$8,097.00		
	P.O. Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	Opened 03/16 8/15/17	Last Active			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim					
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans —					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	■ No □ Yes	□ Debts to pension or profit-sharin ■ Other. Specify Credit card					
4.4	Capital 1/Best Buy	Last 4 digits of account number	4878		\$1,850.00		
	Nonpriority Creditor's Name 50 Northwest Point Rd. Elk Grove Village, IL 60007	When was the debt incurred?	Opened 08/09 8/15/17	Last Active			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim					
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	· ·	•			
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit card	g plans, and otner sir purchases	illiai debis			

Debtor	1 Angela Lane Cooper		Case number (if know)				
4.5	Capital One	Last 4 digits of account number	6183	\$5,399.00			
	Nonpriority Creditor's Name 15000 Capital One Dr. Richmond, VA 23238	When was the debt incurred?	Opened 06/05 Last Active 7/05/17				
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit card	purchases				
4.6	Delhi Charter Township Nonpriority Creditor's Name	Last 4 digits of account number	3031	\$626.00			
	2074 Aurelius Rd. Holt, MI 48842	When was the debt incurred?	2018				
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharin					
	■ No □ Yes	·					
	☐ Yes	Other. Specify Sewer Bill					
4.7	Dept Of Education/Navient Nonpriority Creditor's Name	Last 4 digits of account number	0607	\$150,041.00			
	P.O. Box 9635 Wilkes Barre, PA 18773	When was the debt incurred?	Opened 06/16 Last Active 1/02/18				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other, Specify					

Student Loans

Debtor	1 Angela Lane Cooper	Case number (if know)					
4.8	DSNB Macys Nonpriority Creditor's Name	Last 4 digits of account number	0081	\$1,043.00			
	P.O. Box 8218 Mason, OH 45040	When was the debt incurred?	Opened 09/05 Last Active 8/15/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	d aleim.				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans	ration agreement or divorce that you did not				
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin					
	☐ Yes	Other Specify Credit card					
4.9	Physician Anesthesia Service	Last 4 digits of account number	2577	\$364.00			
	Nonpriority Creditor's Name Dept 78178 When was the debt incurred? P.O. Box 78000		2017				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community debt						
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Medical					
4.1	Sears/CBNA Nonpriority Creditor's Name	Last 4 digits of account number	8410	\$3,325.00			
	P.O. Box 6283 Sioux Falls, SD 57117	When was the debt incurred?	Opened 06/08 Last Active 7/04/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:					
	☐ Debtor 1 and Debtor 2 only						
	\square At least one of the debtors and another						
	Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No		on or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify Credit card	purchases				

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 29 of 51

Debto	r 1 Angela Lane Cooper	Case number (if know)				
4.1	Sonja Morris, DDS	Last 4 digits of account number		\$1,200.00		
<u>'</u>	Nonpriority Creditor's Name 1040 Charlevoix Dr.		2017	<u> </u>		
	Suite a. Grand Ledge, MI 48837 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	_	tion agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing p	plans, and other similar debts			
	☐ Yes	■ Other. Specify Medical				
4.1	Sparrow	Last 4 digits of account number	0910	\$1,183.00		
	Nonpriority Creditor's Name 7364 Solution Center Chicago, IL 60677	When was the debt incurred?	2017			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims				
	■ No	Debts to pension or profit-sharing p				
	Yes	Other. Specify Medical				
4.1	Sparrow Hospital	Last 4 digits of account number	4190	\$1,571.00		
	Nonpriority Creditor's Name 7364 Solution Center Chicago, IL 60677	When was the debt incurred?	2017			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	laim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	tion agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing p				
	Yes	Other. Specify Medical				
		. ,				

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 30 of 51

Debtor	1 Angela Lane Cooper		Case number (if know)					
4.1	Sparrow Hospital	Last 4 digits of account number	0910	\$183.00				
4	Nonpriority Creditor's Name P.O. Box 441575	When was the debt incurred?	2017	<u> </u>				
	Detroit, MI 48244 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	\square Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify Medical						
4.1	SYNCB/Art Van Furniture	Last 4 digits of account number	2739	\$5,254.00				
	Nonpriority Creditor's Name							
	950 Forrer Blvd. Kettering, OH 45420	When was the debt incurred?	Opened 12/09 Last Active 8/15/17					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt	Student loans						
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims						
	■ No	\square Debts to pension or profit-sharin						
	Yes	Other. Specify Credit card						
4.1	SYNCB/Lowes	Last 4 digits of account number	1221	\$10,697.00				
	Nonpriority Creditor's Name	_						
	P.O. Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 10/14 Last Active 7/11/17					
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim						
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:						
	\square At least one of the debtors and another							
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	and the second s					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	■ Other. Specify Credit card	purchases					

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 31 of 51

Debtor 1 Angela Lane Cooper		Case number (if know)			
4.1 7	SYNCB/TJX Cos DC	Last 4 digits of account number	4530		\$4,504.00
	Nonpriority Creditor's Name P.O. Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 10/15 7/05/17	Last Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the clain	n is: Check all that app	ly	
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	paration agreement or o	divorce that you did not	
	■ No	Debts to pension or profit-shar	ring plans, and other sir	milar debts	
	Yes	Other. Specify Credit car	d purchases		
Part 3	3: List Others to Be Notified About a D	ebt That You Already Listed			
5. Use is tr	this page only if you have others to be notified ying to collect from you for a debt you owe to se more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out	l about your bankruptcy, for a debt that someone else, list the original creditor nat you listed in Parts 1 or 2, list the ad	in Parts 1 or 2, then li	st the collection agency	here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did yo	_		
	tal Management Services 1/2 S. Ogden St.			h Priority Unsecured Clai	
	alo, NY 14206		■ Part 2: Creditors wit	h Nonpriority Unsecured	Claims
	·	Last 4 digits of account number			
LJF	and Address Ross Associates, Inc.	On which entry in Part 1 or Part 2 did you Line 4.13 of (Check one):		or? h Priority Unsecured Clai	ms
_	Box 6099 sson, MI 49204	Part 2: Creditors with Nonpriority Unsecured Claims			
ouck	3011, 1111 40204	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did yo	ou list the original credit	or?	
	er Njus Tanick, P.A.	Line 4.17 of (<i>Check one</i>):	Part 1: Creditors wit	h Priority Unsecured Clai	ms
330 2	rneys at Law 2nd Avenue South e 350		Part 2: Creditors wit	h Nonpriority Unsecured	Claims
Minn	neapolis, MN 55401	Last 4 digits of account number			
	and Address er Njus Tanick, P.A.	On which entry in Part 1 or Part 2 did yo			
	rneys at Law		_	h Priority Unsecured Clai	
330 2	2nd Avenue South		Part 2: Creditors wit	h Nonpriority Unsecured	Claims
	e 350 neapolis, MN 55401				
	,	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did yo			
	Michigan Collection Bureau Box 130			h Priority Unsecured Clai	
_	ohns, MI 48879		Part 2: Creditors wit	h Nonpriority Unsecured	Claims
		Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did yo			
	hland Group, Inc. Box 390905			h Priority Unsecured Clai	
_	neapolis, MN 55439		■ Part 2: Creditors wit	h Nonpriority Unsecured	Claims
		Last 4 digits of account number			
Nort	and Address hland Group, Inc. Box 390905	On which entry in Part 1 or Part 2 did you Line 4.4 of (<i>Check one</i>):		or? h Priority Unsecured Clai	ms

Official Form 106 E/F

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 32 of 51

Debtor 1 Angela Lane Cooper		Case number (if know)		
Minneapolis, MN 55439	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Rausch Sturm	On which entry in Part 1 or Part 2 or Line 4.15 of (<i>Check one</i>):	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (<i>Check one</i>):		
Attorneys at Law 30150 Telegraph Suite 444		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Bingham Farms, MI 48025	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	Total Claim
Total	OI.	Student roans	oi.	\$ 150,041.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 47,081.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 197,122.00

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 33 of 51

Fill in this infor	Fill in this information to identify your case:					
Debtor 1 Angela Lane Cooper						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MICHIGAN			
Case number						
(ii khown)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	,				
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	2.1.)		5 10.10		
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 34 of 51

Fill in thi	s information to identify your	case:			
Debtor 1	Angela Lane Coo				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fi	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN		
Case nun	nber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors			12/15
people ar fill it out, your nam	and number the entries in the e and case number (if known)	ally responsible for sup boxes on the left. Attacl . Answer every question	plying correct information the Additional Page to the n.	n. If more space is nee this page. On the top o	eded, copy the Additional Page,
1. Do	you have any codebtors? (If y	ou are filing a joint case,	do not list either spouse as	s a codebtor.	
□ No ■ Ye					
	ithin the last 8 years, have you na, California, Idaho, Louisiana,				states and territories include
	o. Go to line 3. es. Did your spouse, former spou	ıse, or legal equivalent liv	e with you at the time?		
in lin Form	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make su	re you have listed the	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The credi Check all schedules	itor to whom you owe the debt that apply:
3.1	Walter L. Cooper, II 2685 Brigantine Dr. Lansing, MI 48911			■ Schedule D, line □ Schedule E/F, li □ Schedule G Mortgage Center	ne
3.2	Walter L. Cooper, II 2685 Brigantine Dr. Lansing, MI 48911			■ Schedule D, line □ Schedule E/F, li □ Schedule G CASE Credit Unio	ne

Fill in this informa	tion to identify your case:	
Debtor 1	Angela Lane Cooper	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: WESTERN DISTRICT OF MICHIGAN	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo		13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Branch Manager Barber** Include part-time, seasonal, or **Employer's name Lake Trust Credit Union** self-employed work. JC Supreme **Employer's address** Occupation may include student 1821 Newman Road 2460 S. Cedar or homemaker, if it applies. **Okemos, MI 48864** Holt, MI 48842 How long employed there? 11 years 18 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse

2. \$ 5,004.18 \$ 0.00

3. +\$ 0.00 +\$ 0.00

4. \$ 5,004.18 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Angela Lane Cooper		Case	Case number (if known)				
		For	Debtor 1			otor 2 or	
ine 4 here	4.	\$	5,004	.18	\$	0.00	<u>)</u>
payroll deductions:							
Tax, Medicare, and Social Security deductions	5a.	\$	907	.23	\$	0.00)
Mandatory contributions for retirement plans	5b.	\$	0	.00	\$	0.00	<u> </u>
Voluntary contributions for retirement plans	5c.	\$	0	.00	\$	0.00	<u> </u>
Required repayments of retirement fund loans	5d.	· · —		.00	\$	0.00	_
Insurance	5e.	\$_	394		\$	0.00	_
Domestic support obligations	5f.	\$_		.00	\$	0.00	_
Union dues Other deductions. Specify:	5g. 5h	*_ + \$.00	+ \$	0.00	
ne payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.					0.00	_
··		· —	1,301		\$		
ate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,702	.49	Φ	0.00	<u>)</u>
Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
	8a.	\$	0	.00	\$	2.104.67	,
Interest and dividends	8b.	\$		_	\$		_
Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	\$	0	.00	\$	0.00	_
Unemployment compensation	8d.	\$			\$		_
Social Security	8e.	\$	0	.00	\$	0.00)
	e 8f.	\$	0	.00	\$	0.00)
Pension or retirement income	8g.	\$			\$	0.00)
Other monthly income. Specify:	8h	+ \$_	0	.00	+ \$	0.00	<u>) </u>
l other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0	.00	\$	2,104.6	57
ate monthly income. Add line 7 + line 9.	10. \$,	3.702.49	+ \$	2.104	67 = \$	5,807.16
e entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			0,1 02.10	L -	_,		0,001110
e contributions from an unmarried partner, members of your household, you riends or relatives.	r deper				ed in <i>Sche</i>		0.00
					, if it	12. \$ Comb i	5,807.16
u expect an increase or decrease within the year after you file this forn							ly income
	Attach a statement for each property and business showing gross eccipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Jinemployment compensation Social Security Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Add line 7 + line 9. The entires in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. All other regular contributions to the expenses that you list in Schedule include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included and Statistical Summary of Certains and Statistical Summa	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. **Receipts**, ordinary and necessary business expenses, and the total monthly net income. **Receipts**, ordinary and necessary business expenses, and the total monthly net income. **Ba.** *	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. **Note of the color of the colo	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0 metrest and dividends	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. **Ratich a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. **Ratich a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. **Ratich a statement for each property and business showing gross receipts and the value (if statement, and property settlement and property settlement, and property settlement. **Ratich a statement for each property and business expenses, and the total monthly receive netude alimony, spousal support, child support, maintenance, divorce settlement egularly receive netude alimony, spousal support, child support, maintenance, divorce settlement egularly receive netude alimony, spousal support, child support, maintenance, divorce settlement egularly receive netude alimony, spousal support, child support, maintenance, divorce settlement egularly receive netude alimony, spousal support, child support, maintenance, divorce settlement egularly receive such as sistance that you regularly receive netude cash assistance that you regularly receive netude cash assistance that you regularly receive netude cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. **Secify** **Pension or retirement income* **Bef. \$ 0.00 **Depension or retirement income* **Bef. \$ 0.00 **Secieve such as sistance that you receive netude the Supplemental Nutrition Assistance that you receive such as sistance that you receive netude the Supplemental Nutrition Assistance Program) or housing subsidies. **Bef. \$ 0.00 **Depension or retirement income* **Bef. \$ 0.00 **Bef. \$ 0.00 **Bef. \$ 0.00 **Depension or retirement income* **	Net income from ental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ monthly net income. 8b. \$ 0.00 \$ monthly net income. 8c. \$ 0.00 \$ monthly	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross eceipts, ordinary and necessary business expenses, and the total monthly net income. As. \$ 0.00 \$ 2,104.67 \$ Ba. \$ 0.00 \$ 0.00 \$ The rest and dividends Ba. \$ 0.00 \$ 0.00 \$ Ba. \$ 0.00 \$ Ba. \$ 0.00 \$ 0.00 \$ Ba. \$ 0.00 \$

Official Form 106I Schedule I: Your Income page 2

T=811 8	n dais informa	tion to identify				ı				
	n this informa	tion to identify yo	ur case:							
Debt	or 1	Angela Lane	Cooper					if this is:		
Debt	or 2							n amended filing	ving postpetition chap	tor
	use, if filing)								the following date:	eı
								<u> </u>		
Unite	ed States Bankr	uptcy Court for the:	WESTE	RN DISTRICT OF MICHI	GAN		М	M / DD / YYYY		
Case	e numbe r									
(If kn	nown)									
	· · · · · · · · · · · · · · ·	4001								
		rm 106J	_							
		J: Your I								12/1
info	rmation. If m	and accurate as ore space is ne n). Answer ever	eded, atta	If two married people a ch another sheet to this n.	re filing together, be form. On the top of	oth are ed any add	quall ition	y responsible fo al pages, write y	or supplying correct your name and case	
Part	1 Descr	ibe Your House	hold							
1.	Is this a joir		- Ioiu							
	■ No. Go to	line 2.								
	☐ Yes. Doe	s Debtor 2 live i	n a separ	ate household?						
	□N	0								
	□ Y	es. Debtor 2 mus	t file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of D	ebto	r 2.		
2.	Do vou have	e dependents?	□ No							
	Do not list D	-	_	Fill out this information for	Dependent's relati	ionshin to		Dependent's	Does dependent	
	Debtor 2.	ebioi i and	Yes.	each dependent	Debtor 1 or Debto			age	live with you?	
	Do not state	tho							□ No	
	dependents				Son			2	Yes	
									□ No	
					Son			4	■ Yes	
									□ No	
					Stepson			17	Yes	
									□ No	
3.	Do your ove	oncoc includo	_						☐ Yes	
Э.		enses include f people other th	nan	No						
	yourself and	d your depender	nts? ⊔	Yes						
Part	2: Estim	ate Your Ongoir	na Monthi	v Expenses						
Esti exp	mate your ex	penses as of yo	our bankrı	uptcy filing date unless y y is filed. If this is a sup	you are using this fo plemental <i>Schedul</i> e	orm as a e <i>J</i> , check	supp the	plement in a Cha box at the top o	pter 13 case to repo f the form and fill in	rt the
Incl	uda avnansa	s naid for with r	non-cash	government assistance	if you know					
				cluded it on Schedule I:						
(Off	icial Form 10	6I.)				-	_	Your expe	enses	
4	The rental o		hin avnan	aaa fau waxuu uaaidanaa	la alcala finat na antara n	_				
4.		nd any rent for the		ses for your residence. r lot.	include first mortgage	e 4.	\$		1,089.00	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		rty, homeowner's	s, or renter	's insurance		4a. 4b.			58.08	
	•	•		ipkeep expenses		4c.			100.00	
_		owner's associat				4d.			0.00	
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	ome equity loans	5.	\$		0.00	

ebtor 1 Ange	a Lane Cooper	Case num	ber (if known)	
. Utilities:				
	city, heat, natural gas	6a.	\$	400.00
	sewer, garbage collection	6b.		90.00
	one, cell phone, Internet, satellite, and cable services	6c.	\$	460.00
	Specify:	6d.	*	
			·	0.00
	pusekeeping supplies	7.	\$	1,100.00
	nd children's education costs	8.	\$	1,083.00
-	ındry, and dry cleaning	9.	\$	120.00
 Personal car 	re products and services	10.	\$	100.00
. Medical and	dental expenses	11.	\$	75.00
. Transportati	on. Include gas, maintenance, bus or train fare.			
Do not includ	e car payments.	12.	\$	600.00
. Entertainme	nt, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
. Charitable c	ontributions and religious donations	14.	\$	250.00
Insurance.				
Do not includ	e insurance deducted from your pay or included in lines 4 or 20.			
15a. Life ins	surance	15a.	\$	0.00
15b. Health	insurance	15b.	\$	0.00
15c. Vehicle		15c.	·	203.00
	nsurance. Specify:	15d.	·	0.00
	ot include taxes deducted from your pay or included in lines 4 or 20.		<u> </u>	0.00
Specify:	of include taxes deducted from your pay of included in lines 4 of 20.	16.	\$	0.00
	or lease payments:	170	¢	405.00
	yments for Vehicle 1	17a.	·	405.00
	yments for Vehicle 2	17b.	·	410.00
17c. Other.		17c.		0.00
17d. Other.	Specify:	17d.	\$	0.00
	nts of alimony, maintenance, and support that you did not report a		¢	0.00
	om your pay on line 5, Schedule I, Your Income (Official Form 106I)	. 10.	·	
	ents you make to support others who do not live with you.	40	\$	0.00
Specify:	and the same and the body to the same and th	19.		
	roperty expenses not included in lines 4 or 5 of this form or on Sch			0.00
-	iges on other property	20a.	·	0.00
20b. Real e		20b.	·	0.00
	ty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Mainte	nance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeo	owner's association or condominium dues	20e.	\$	0.00
Other: Speci	fy: Non-Filing Spouse Expenses	21.	+\$	100.00
	ur monthly expenses			
-	s 4 through 21.		\$	6,793.08
	e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,133.00
			·	
22c. Add line	22a and 22b. The result is your monthly expenses.		\$	6,793.08
	ur monthly net income.		Φ.	
	ine 12 (your combined monthly income) from Schedule I.	23a.		5,807.16
23b. Copy y	your monthly expenses from line 22c above.	23b.	-\$	6,793.08
	ct your monthly expenses from your monthly income.	00	•	-985.92
The re	sult is your monthly net income.	23c.	\$	-900.92
For example, d	ect an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you the terms of your mortgage?			or decrease because of a
■ No.	, J.J.			
Yes.	Explain here:			

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 39 of 51

Fill	in this inform	ation to identify your	case:			
Deb	otor 1	Angela Lane Coo	per			
Dok	otor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ban	kruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN		
	se number				_	eck if this is an ended filing
		m 106Sum				
				nd Certain Statistical Information are filing together, both are equally responsible		12/15
info	rmation. Fill o	ut all of your schedul	es first; then complete tl	he information on this form. If you are filing amen k the box at the top of this page.		
Par	t 1: Summa	rize Your Assets				
						assets e of what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Fe 55, Total real estate, f	orm 106A/B) rom Schedule A/B		\$	176,400.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B.		\$	94,847.00
	1c. Copy line	63, Total of all propert	y on Schedule A/B		\$	271,247.00
Par	t 2: Summa	rize Your Liabilities				
					Your	liabilities
					Amo	unt you owe
2.			laims Secured by Property mn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	. \$_	173,987.00
3.	Schedule E/F 3a. Copy the	F: Creditors Who Have total claims from Part	Unsecured Claims (Officia 1 (priority unsecured clain	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$_	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured o	claims) from line 6j of Schedule E/F	\$	197,122.00
				Your total liabilitie	s \$	371,109.00
Par	t 3: Summa	rize Your Income and	Expenses			
4.		our Income (Official Fo		ə I	\$	5,807.16
5.		Your Expenses (Official onthly expenses from li			\$	6,793.08
Par	t 4: Answer	These Questions for	Administrative and Stat	istical Records		
6.	-	• • •	er Chapters 7, 11, or 13? on this part of the form. C	heck this box and submit this form to the court with y	our other s	schedules.
7.	Yes What kind of	f debt do you have?				
				debts are those "incurred by an individual primarily for great for statistical purposes. 28 U.S.C. § 159.	r a person	al, family, or
	☐ Your de	•	consumer debts. You ha	ve nothing to report on this part of the form. Check the	is box and	submit this form to

Official Form 106Sum Summary of Your A

Debtor 1 Angela Lane Cooper

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,176.22

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total of	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	150,041.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	150,041.00

Fill in this in	formation to identify your o	case:			
Debtor 1	Angela Lane Coo	per			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN		
Case number	r				Chook if this is an
(ii kilowii)					Check if this is an amended filing
If two married You must file obtaining mo		, both are equally respo e bankruptcy schedule connection with a ban	onsible for supplying corr	ect information. Making a false state	ement, concealing property, or 00, or imprisonment for up to 20
\$	Sign Below				
Did you	pay or agree to pay some	one who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes	s. Name of person				kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119)
	enalty of perjury, I declare t are true and correct.	hat I have read the sun	nmary and schedules filed	l with this declaration	on and
X /s/ A	Angela Lane Cooper		X		
Ang	gela Lane Cooper ature of Debtor 1		Signature of I	Debtor 2	
Date	June 11, 2018		Date		

Fill in this infor	mation to identify your ca	ise:			
Debtor 1	Angela Lane Coop				
Debtor 2	First Name	Middle Name	Last Nan	ne	
(Spouse if, filing)	First Name	Middle Name	Last Nan	ne	
United States Ba	ankruptcy Court for the:	WESTERN DISTI	RICT OF MICHIGAN		
Case number (if known)					☐ Check if this is an amended filing
Official Fo Statemer		for Indiv	riduals Filir	ng Under Chapte	r 7 12/15
	ividual filing under chapt	. •	l out this form if:		
■ you have leas You must file thi	ever is earlier, unless the	d the lease has n hin 30 days after	you file your bankru	ptcy petition or by the date set I must also send copies to the	for the meeting of creditors, creditors and lessors you list
•	eople are filing together indicate the form.	n a joint case, bo	th are equally respo	nsible for supplying correct inf	formation. Both debtors must
	and accurate as possible our name and case numl		s needed, attach a se	parate sheet to this form. On t	he top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims			
For any credit information be		t 1 of Schedule D	: Creditors Who Hav	e Claims Secured by Property	(Official Form 106D), fill in the
	editor and the property tha	t is collateral	What do you inten secures a debt?	d to do with the property that	Did you claim the property as exempt on Schedule C?
Creditor's C	CASE Credit Union		☐ Surrender the pr☐ Retain the prop	' '	□ No
Description of	2013 Lincoln MKX 8	9,000 miles	Reaffirmation A		■ Yes
property securing debt:			☐ Retain the prope	erty and [explain]:	_
Creditor's C	CASE Credit Union		☐ Surrender the pr☐ Retain the prop		□ No
Description of	2009 Lincoln Naviga	ator 120,000	Retain the proper Reaffirmation A	greement.	■ Yes
property securing debt:			Retain the prope	erty and [explain]:	_
	lortgage Center LC		☐ Surrender the pr		□ No
name: Description of	3		☐ Retain the proper Reaffirmation A	erty and enter into a	■ Yes
property	MI 48911 Ingham C		Retain the prope	-	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 43 of 51

Debtor 1 Angela Lane Cooper	Case number (if known)
securing debt:	
Part 2: List Your Unexpired Personal Property Leases	
or any unexpired personal property lease that you listenthe information below. Do not list real estate leases. Uo may assume an unexpired personal property lease	ed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill Jnexpired leases are leases that are still in effect; the lease period has not yet ended. if the trustee does not assume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	□ No
Description of leased	_
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	_
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Part 3: Sign Below	
	my intention about any property of my estate that secures a debt and any personal
X /s/ Angela Lane Cooper	X Signature of Debtor 2
Angela Lane Cooper Signature of Debtor 1	Signature of Debtor 2
- 0	
Date June 11, 2018	Date

Eill	in this inform	nation to identify you	r caso:			
	otor 1					
Dei	JIOI I	Angela Lane Co	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
		nkruptcy Court for the:	WESTERN DISTRICT OF	MICHIGAN		
		., .,				
	se number					theck if this is an mended filing
~ .	–					
	ficial Fo		Affaira far Indivis	luala Filina far D	a m leve e m t a v	
			Affairs for Individ			4/16
info	rmation. If m		attach a separate sheet to		equally responsible for sup additional pages, write you	
Par	t 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	■ Married□ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory co, Texas, Washington and W	
	■ No					
	_	ike sure you fill out Scl	nedule H: Your Codebtors (Of	ficial Form 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$44,023.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 45 of 51

De	DIOF 1 Ar	igeia Lane	Cooper			Cas	se number (if known)		
				Debtor 1			Debtor 2		
				Sources of income Check all that apply	/. (bef	ss income ore deductions and usions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last calen inuary 1 to	dar year: December	31, 2017)	■ Wages, commis bonuses, tips	sions,	\$74,738.00	☐ Wages, combonuses, tips	ımissions,	
				Operating a bus	iness		☐ Operating a	business	
		dar year be December		■ Wages, commis bonuses, tips	sions,	\$69,625.00	☐ Wages, combonuses, tips	ımissions,	
				Operating a bus	iness		☐ Operating a	business	
	List each	-	he gross inc	se and you have incor	-	-			
				Debtor 1			Debtor 2		
				Sources of income Describe below.	eacl (bef	ss income from h source ore deductions and usions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You F	iled for Bankrı	ıptcy			
6.	Are either □ No.	Neither De individual puring the No.	ebtor 1 nor I primarily for a 90 days before Go to line 7 List below paid that controlled	a personal, family, or hore you filed for bankr 7. each creditor to whom	ly consumer do nousehold purpo uptcy, did you p n you paid a tota payments for c ney for this ban	ebts. Consumer debiose." pay any creditor a total of \$6,425* or more domestic support oblighruptcy case.	al of \$6,425* or mo in one or more pay gations, such as ch	re? yments and nild support	and alimony. Also, do
	■ Yes.			or both have primaril ore you filed for bankr			al of \$600 or more?	?	
		■ No.	Go to line	7.					
		□ Yes	include pay	each creditor to whom ments for domestic s this bankruptcy case	upport obligatio				at creditor. Do not include payments to an
	Creditor	's Name and	d Address	Dates o	f payment	Total amount paid	Amount you still owe	Was this	payment for
						paid	2 0 0		

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 46 of 51

Case number (if known)

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partner r more of their voting	erships of which y g securities; and a	ou are a genera any managing a	l partner; corporation: gent, including one fo
	■ No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
В.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	ny property on a	account of a de	ebt that benefited an
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	et 4: Identify Logal Actions Banassassia	ne and Foroclosuros				
Pai	rt 4: Identify Legal Actions, Repossessio	ns, and Foreciosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garni	shed, attached	I, seized, or levied?
	Creditor Name and Address	Describe the Property Explain what happened		Date	:	Value of the property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.	ptcy, did any creditor, inc		nancial institutio	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date take	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possessi	ion of an assign	ee for the bene	fit of creditors, a
Par	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	otcy, did you give any gifts Describe the gifts	s with a total value		00 per person? es you gave	Value
	per person Person to Whom You Gave the Gift and			the g		
	Address:					

Debtor 1 Angela Lane Cooper

Case number (if known)

14.	Within 2 years before you filed for bank	uptcy, o	lid you give any gifts or contribution	s with a total	I value of more than	\$600 to any charity?
	No					
	Yes. Fill in the details for each gift or o					
	Gifts or contributions to charities that more than \$600 Charity's Name		Describe what you contributed		Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Cod	e)				
Pa	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Descri	be any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred	Include	e the amount that insurance has paid. Lace claims on line 33 of Schedule A/B:	ist pending	loss	losi
Pai	rt 7: List Certain Payments or Transfer	s				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details.	preparii	ng a bankruptcy petition?			rty to anyone you
	Person Who Was Paid		Description and value of any propo	ortv	Date navment	Amount of
	Address Email or website address Person Who Made the Payment, if Not	⁄ou	transferred	erty	Date payment or transfer was made	payment
	Scott Marshall Neuman, P.C. 2196 Commons Parkway Okemos, MI 48864		Attorney Fees			\$750.00
	Pioneer Credit Counseling P.O. Box 6860 1644 Concourse Dr. Rapid City, SD 57709		Bankruptcy Education			\$40.00
17.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	ditors o	r to make payments to your creditors		r transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No	u r busin s made a	ess or financial affairs? as security (such as the granting of a se			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you					

Debtor 1 Angela Lane Cooper

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 48 of 51

Case number (if known)

□ Na	Yes. Fill in the details.					
Na						
	ame of trust	Description and	value of the pro	perty trans	sferred	Date Transfer was made
Part 8:	List of Certain Financial Accounts, In	struments Safe Denos	it Boxes, and St	orage Uni	te	
20. Wit	thin 1 year before you filed for bankrupto	y, were any financial a	ccounts or instr	uments he	eld in your name, or for y	
ho	uses, pension funds, cooperatives, asso No		•	•	,	, •
-	Yes. Fill in the details.				_	
Ad	ame of Financial Institution and ddress (Number, Street, City, State and ZIP de)	Last 4 digits of account number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
P.	omerica Bank .O. Box 75000 etroit, MI 48275	xxxx-3443	☐ Checking ■ Savings ☐ Money Mar ☐ Brokerage ☐ Other	ket	9/11/2017 - savings account was in debtor's deceased mother's account and debtor. The funds in the account was her mother's and her fiance, Mark Sapila, savings. Debtor was on the account for	\$0.00
					convenience only. Debtor closed the account and turned over the balance to Mark Sapila in the amount of \$11,623.68.	
	you now have, or did you have within 1 sh, or other valuables?	year before you filed fo	r bankruptcy, ar	ny safe de	posit box or other depo	sitory for securities,
	Yes. Fill in the details.					
	ame of Financial Institution ddress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22. Ha °	ve you stored property in a storage unit o No Yes. Fill in the details.	or place other than you	r home within 1	year befo	re you filed for bankrup	tcy?
LI.		Who also has ar	had access	Describe	the contents	Do you still
	ame of Storage Facility ddress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	tine contents	Do you still have it?
Part 9:	Identify Property You Hold or Control	for Someone Else				

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust

Debtor 1 Angela Lane Cooper

Best Case Bankruptcy

Debtor 1 Angela Lane Coope

Case number (if known)

	for	for someone.					
■ No □ Yes. Fill in the details.							
		vner's Name Idress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value		
Par	t 10:	Give Details About Environmental Informa	ation				
For	the i	eurnose of Part 10 the following definitions	annly:				
_	r the purpose of Part 10, the following definitions apply:						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or to own, operate, or utilize it, including disposal sites.				or utilize it or used		
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						
Rep	ort a	all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred.			
24.	Has	s any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environment	ental law?		
	_						
		No Yes. Fill in the details.					
		me of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.							
		No Yes. Fill in the details.					
	_	me of site	Governmental unit	Environmental law, if you	Date of notice		
	Ad	Idress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
		No					
		Yes. Fill in the details.					
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	t 11:	Give Details About Your Business or Con	nections to Any Business				
27.		Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?					
21.	••••	☐ A sole proprietor or self-employed in a t	•		y business.		
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	□ A partner in a partnership						
		☐ An officer, director, or managing execut	tive of a corporation				

Official Form 107

 $\hfill\square$ An owner of at least 5% of the voting or equity securities of a corporation

Case:18-02620-swd Doc #:1 Filed: 06/11/18 Page 50 of 51

De	btor 1 Angela Lane Cooper	Ca	se number (if known)
	No. None of the above applies. Go to I	Part 12.	
	☐ Yes. Check all that apply above and fill	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, Sity, State and 211 Sode)	Name of accountant or bookkeeper	Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties. No Yes. Fill in the details below.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pa	rt 12: Sign Below		
are with		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
/s/	Angela Lane Cooper		
	ngela Lane Cooper gnature of Debtor 1	Signature of Debtor 2	
Da	te _June 11, 2018	Date	
Did ■ 1		ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
Did ■ 1	you pay or agree to pay someone who is no	t an attorney to help you fill out bankruptc	y forms?
		uptcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

08/12

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

In re:			Case No.						
	Angela Lane	Cooper	Chapter 7						
	Debtor	(s).	/						
	ASSET PROTECTION REPORT								
	Pursuant to Local Bankrucase converting to Chapreferenced on Schedule Contracts and Unexpired equity. For each asset casualty insurance:	oter 7 must file D (Creditors de Leases); and	e an Asset Protection F Holding Secured Claim d any insurable asset	Report. List below ns); or Schedule (in which there is	any property G (Executory nonexempt				
	INSURABLE ASSET (from schedules)	IS ASSET INSURED? (Yes/No)	NAME & ADDRESS OF AGENT OR INSURANCE CO.	POLICY EXPIRATION DATE (MM/YYYY)	WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No)				
	rigantine Drive Lansing, MI Ingham County	Yes	Citizens Ins. Co of America, 808 N. Highlander Way, Howell, MI 48843	03/14/19	Yes				
2013 Li	ncoln MKX	Yes	Progressive Michigan Ins. Comp., Payne Ins. Agency, 3410 Belle Chase #300, Lansing, Mi 48911	09/07/18	Yes				
2009 Li	ncoln Navigator	Yes	Progressive Michigan Ins. Comp.	09/07/18	Yes				
	If the debtor is self-employe	ed, does the debt	-	urance for business a	ctivities?				

I declare, under penalty of perjury, that the above information is true and accurate to the best of my knowledge. I intend to provide insurance protection for any exemptible interests in real or personal property of the estate, and I request that the trustee not expend estate funds to procure insurance coverage for my exemptible assets.

Dated: June 11, 2018	/s/ Angela Lane Cooper
	Angela Lane Coope
	Debto

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors